pplication or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09854146

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                         |  |   |                 |  |                              |                  |              | SMALL ENTITY TYPE |                         |         | OTHER THAN<br>OR SMALL ENTITY |                        |  |  |  |  |
|--|--|---|-----------------|--|------------------------------|------------------|--------------|-------------------|-------------------------|---------|-------------------------------|------------------------|--|--|--|--|
| TOTAL CLAIMS   |  |   |                 |  |                              |                  | RA           | E                 | FEE                     | 1       | RATE                          | FEE                    |  |  |  |  |
| FOR  |  |   | NUMBER FILED    |  | NUMB                         | NUMBER EXTRA     |              | FEE               | 355.00                  | OR      | BASIC FEE                     | 710.00                 |  |  |  |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 21 min          | us 20=   | *                            | 3                | X\$          | 9=                | *                       | OR      | J <sub>X\$18=</sub>           | 90,                    |  |  |  |  |
| INDEPENDENT CLAIMS   |  |   | minus 3 = *     |  |                              | 9                | X40          | )=                |                         |         | 2x80=                         | 160                    |  |  |  |  |
| MU   | LTIPLE DEPEN   | DENT CLAIM PI                             | RESENT          | . 1  |                              |                  | +13          | 5=                |                         | OR      | +270=                         | 1001                   |  |  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column |  |   |                 |  |                              | olumn 2          | ТОТ          |                   |                         |         | TOTAL                         | 9601                   |  |  |  |  |
| CLAIMS AS AMENDED - PART II  |  |   |                 |  |                              |                  |              | 'nΓ               | : 4,                    | JON.    | OTHER                         |                        |  |  |  |  |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST                        |  |   |                 |  |                              |                  |              | LL I              | ENTITY                  | OR      | SMALL                         |                        |  |  |  |  |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUM<br>PREVIO  | BER<br>OUSLY                 | PRESENT<br>EXTRA | RAT          | E                 | ADDI-<br>TIONAL<br>FEE  | . 3.    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |  |  |
|  | Total  |   | Minus           | *******  | -,                           | = .              | X\$ 9        | )=                | \$ <sup>1</sup> , 4, 5* | OR      | X\$18=                        |                        |  |  |  |  |
|  | Independent  | •   | Minus           | ***  |                              | =:               | X40          | =                 | _                       | OR      | X80=                          |                        |  |  |  |  |
|  | FIRST PRESE  | NTATION OF MU                             |                 |  | CLAIM                        |                  | +13!         | ;=                |                         | OR      | +270=                         | ,                      |  |  |  |  |
|  |  |   | NS . A          | 8 C  | e in the second              | eri<br>Sama      |              | TAL               |                         | ΩP      | TOTAL                         |                        |  |  |  |  |
|  | (Column 1) (Column 2) (Column 3)   |   |                 |  |                              |                  |              |                   |                         |         | ADDIT, FEE                    |                        |  |  |  |  |
| ENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID  | IEST<br>IBER<br>OUSLY        | PRESENT<br>EXTRA | RAT          | Ε                 | ADDI-<br>TIONAL<br>FEE  |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |  |  |
| AMENDMENT  | Total  | •   | Minus           | **   |                              | =                | X\$ 9        | =                 |                         | OR      | X\$18=                        |                        |  |  |  |  |
|  | Independent  | •   | Minus           | ***  |                              | =                | X40          | =                 |                         | OR      | X80=                          |                        |  |  |  |  |
|  | FIRST PRESE  | NTATION OF MU                             | DETIPLE DEF     | ENDEN  | CLAIM                        |                  | +135         | )=                |                         | OR      | +270=                         |                        |  |  |  |  |
|  |  |   |                 |  |                              |                  | TO<br>ADDIT. | TAL               |                         |         | TOTAL<br>ADDIT, FEE           |                        |  |  |  |  |
| (Column 1) (Column 2) (Column 3)                                       |  |   |                 |  |                              |                  |              | ree (             |                         |         | ADDII. FEE                    |                        |  |  |  |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREVI   | IEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RAT          | E                 | ADDI-<br>TIONAL<br>FEE  |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |  |  |
|  | Total  | •   | Minus           | **   |                              | =                | X\$ 9        | ) <b>=</b>        |                         | OR      | X\$18=                        | Ï                      |  |  |  |  |
|  | Independent  | +   | Minus           | ***  | T OL A 184                   |                  | X40          | _ [               |                         | OR      | X80=                          |                        |  |  |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                 |  |                              |                  |              | ; <u> </u>        |                         | OR      | +270=                         |                        |  |  |  |  |
|  | * If the entry in column 1 is I ss than the entry in column 2, write "0" in column 3. ** If the "Highest Numb, r Previously Paid For" IN THIS SPACE is less than 20, enter "20." |   |                 |  |                              |                  |              |                   |                         | \<br>OB | TOTAL                         |                        |  |  |  |  |
| ***  | If the "Highest Nu   | mber Previously P                         | aid For' IN THI | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                              |                  |              |                   |                         |         |                               |                        |  |  |  |  |